

# Prevalence of Diagnosed and Undiagnosed Hepatitis C in a Midwestern Urban Emergency Department

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# Background/Methods

- ED screening is controversial/challenging
- Blinded seroprevalence study can motivate/guide
  - particularly when prevalence is perceived low
  - typically use discarded remnants
- Current study
  - larger, more current, Midwestern city (2008-2009)
  - consecutively approached in randomly allocated combinations of time and ED treatment area
  - compensated subjects for a study of “diseases of public health importance”

# Results/Limitations

- 128/924 HCV antibody + (13.9%, CI<sub>95</sub> 11.7%-16.2%)
  - 103 (81%) also RNA +
  - 36 (28%) outside birth cohort
- Self-reported:
  - 41 (32%) previously diagnosed
  - 7 (6%) with HIV
  - 51 (40%) with history of IDU
- Notes:
  - Duplicate enrollments excluded from analysis
  - Presumably biased by compensation & non-consent

# Conclusions

High proportion (both birth and non-birth cohort) in this ED were HCV RNA positive

- EDs are likely to be a uniquely important
- Work to overcome logistical challenges is warranted
- Implement birth cohort screening AND targeted patient selection strategies applied to an expanded age range